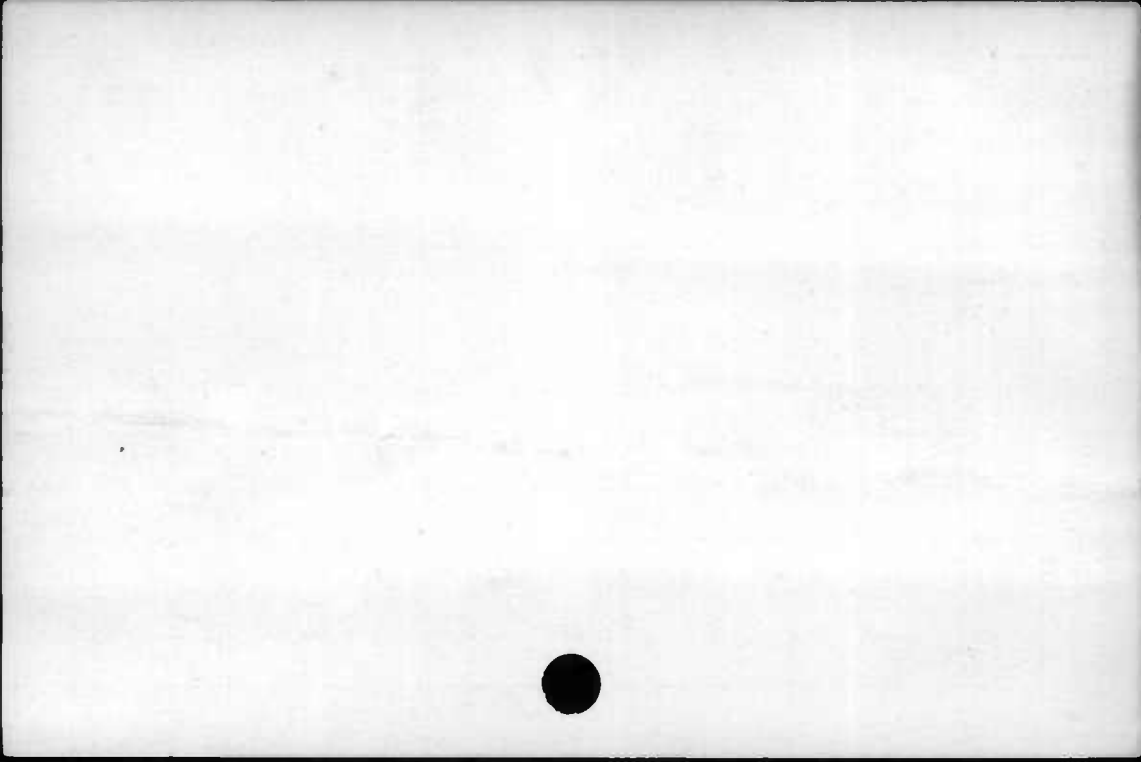
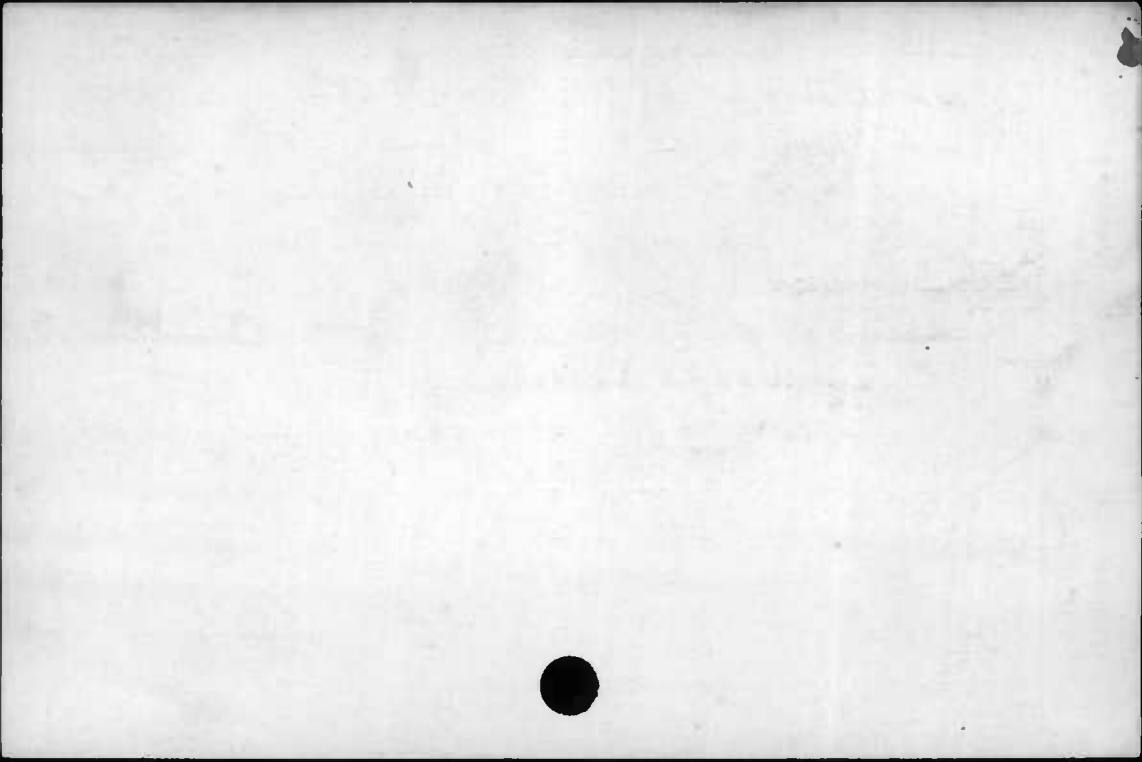


Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Springfield Hospital</i>		County <i>Carroll</i>			
		Town <i>Springfield</i>		State <i>MARYLAND</i>			
		Date of death <i>1906</i>	Month <i>7th</i>	Day <i>24th</i>	Age <i>47</i>	Months	Days
		Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
		Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>?</i>					
Father's Name <i>?</i>		Father's Birthplace					
Mother's Maiden Name <i>?</i>		Mother's Birthplace					
Name of person giving information <i>Hospital Records</i>		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Carcinoma of stomach</i>		How long <i>?</i>			
		Immediate <i>Insanitation</i>		How long <i>about 4 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>To best</i>		Signature of Physician <i>Chas. J. Carey</i>			
		<i>of my knowledge.</i>		Address <i>Sylkesville</i>			
		Accident or Suicide?		<i>Ind.</i>			



Name in Full		Sara Airing ✓				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Sylkesville S.S.H.		Carroll				
	Date of death	1906	Month	July	Day	3	Age
			Years		40		Months
							Days
	Sex	Female		Color or Race	White		Birthplace
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Single		Name of Wife or Husband		
Father's Name			Unknown			Father's Birthplace	
Mother's Maiden Name			Unknown			Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Embicility	
	Immediate	Brain tumor	
	Are the name, age, sex, color, date and place correctly given above?	yes.	
	Signature of Physician	John. A. Mossi M.D.	
	Address	Sylkesville, S.S.H. Carroll Co. Md.	
Accident or Suicide?			



Name
in
Full

No 38.

CERTIFICATE OF DEATH

Sarah Baumgardner

Died at ^{Town} WestminsterCounty ^{County} Carroll

MARYLAND

Date of death 1906 ^{Month} July^{Day} 10 ^{Years} Age 76

Months

Days

Sex Female

Color or Race White

Birth-place Carroll Co. Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed Widow

Name of Wife or Husband Deceased

Father's Name Daniel Baumgardner

Father's Birthplace Carroll Co. Md

Mother's Maiden Name Eliza Knorr

Mother's Birthplace

Name of person giving information Edward Wines

How related to deceased Friend

CAUSES OF DEATH

Primary Dysentery Hemorrhage

(14)

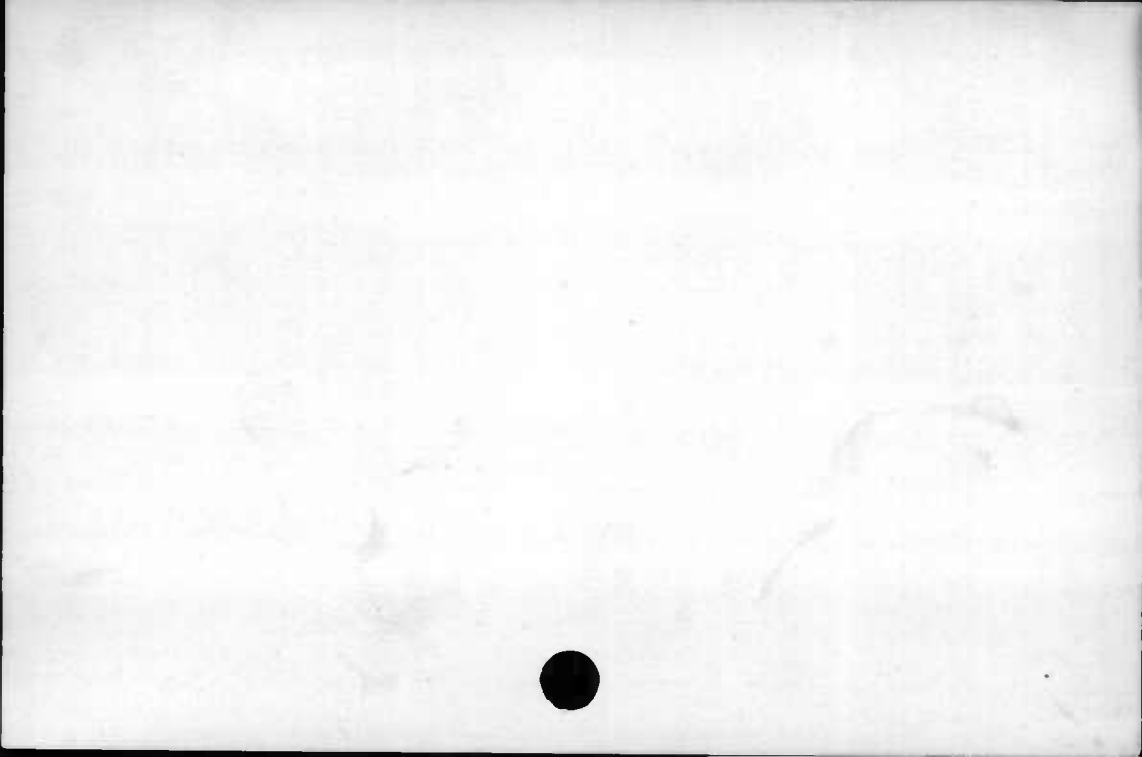
How long 6 days
How long 1 dayImmediate
Are the name, age, sex, color, date and place correctly given above?Signature of Physician John S. Mathias
Address Westminster Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Bixler Cemetery.

Name in Full Emily R. Belt		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Pykesville <small>Town</small>		Carroll <small>County</small>	
	Date of death 1906 <small>Month</small> 7th <small>Day</small> 28th <small>Age</small> 63 <small>Years</small>		— <small>Months</small> — <small>Days</small>	
	Sex Female	Color or Race White	Birth-place Md.	
	Occupation Housework	Where Residing if not at place of death —		
	Married, Single or Widowed Single	Name of Wife or Husband —		
	Father's Name John Belt	Father's Birthplace ?		
	Mother's Maiden Name Maria Steward	Mother's Birthplace Md.		
Name of person giving information Clerett Brown	How related to deceased Nephew			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Senile Dementia	How long 18 months	(154)	
	Immediate Exhaustion	How long —		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John Norfolk Morris M.D.	
	Accident or Suicide? —		Address Springfield Hospital Pykesville, Carroll Co. Md	



Name

In
Full

Helen Louise Bowers

CERTIFICATE OF DEATH

Died at		Town Wakefield		County Carroll		MARYLAND	
Date of death		1906	Month July	Day 26	Age	Years	Months 10
Sex		Female		Color or Race		White	
Occupation				Birth-place		Md.	
Where Residing if not at place of death							
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		James E. Bowers				Father's Birthplace	
Mother's Maiden Name		Florence E. Witten				Mother's Birthplace	
Name of person giving information		Florence E. Bowers				How related to deceased	
						Mother	

CAUSES OF DEATH

Primary	Premature	How long	151	About 3 weeks
Immediate	Heart Failure	How long		10 hours -
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. R. Foutz, M.D.	
		Address	Wettersville, Md.	
Accident or Suicide?			No	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		No 41 CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Westminster</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND
	Date of death <i>1906</i>	<i>July</i> <small>Month</small>	<i>17</i> <small>Day</small>	<i>43</i> <small>Years</small>	<i>10</i> <small>Months</small>
	<i>Female</i> <small>Sex</small>	<i>white</i> <small>Color or Race</small>	<i>Maryland</i> <small>Birth-place</small>		
	<i>Occupation</i>		<i>Where Residing If not at place of death</i>		
	<i>Married</i> <small>Married, Single or Widowed</small>	<i>Noah Brown</i> <small>Name of Wife or Husband</small>			
	<i>Paul Giggard</i> <small>Father's Name</small>	<i>Birthplace</i>			
	<i>Susan Essig</i> <small>Mother's Maiden Name</small>	<i>Birthplace</i>			
<i>Noah Brown</i> <small>Name of person giving information</small>		<i>Husband</i> <small>How related to deceased</small>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	<i>Confinement</i> <small>Primary</small>		<i>140</i> <small>How long</small>		
	<i>Epilepsy</i> <small>Immediate</small>		<i>1/2 hr.</i> <small>How long</small>		
	<i>yes</i> <small>Are the name, age, sex, color, date and place correctly given above?</small>		<i>Chas. R. Fout, M.D.</i> <small>Signature of Physician</small>		
			<i>Westminster, Md.</i> <small>Address</small>		
<i>Accident or Suicide?</i>					



Name
in
Full

Goldie Norice Brown

No 43

CERTIFICATE OF DEATH

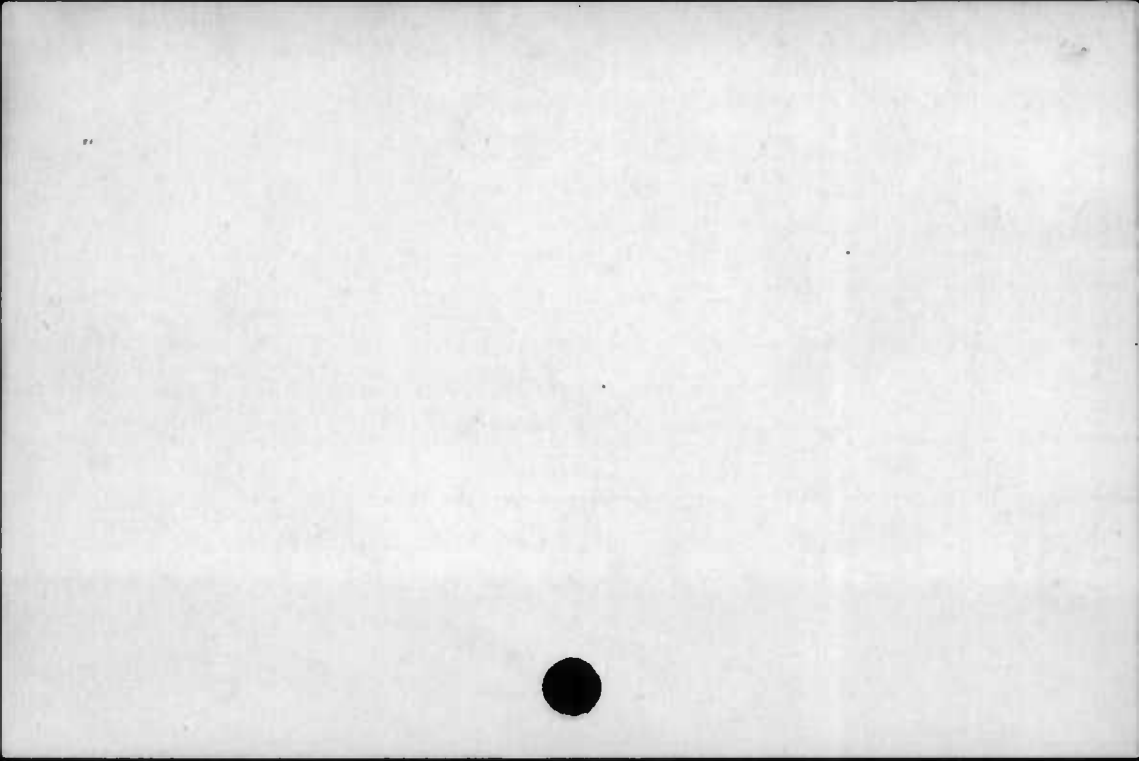
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} <i>Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	1906	Month	July	Day	19
Age	2	Years	3	Months	
Sex	Female	Color or Race	Colored	Birth-place	Carroll Co Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace			
Joel Brown		Carroll Co Md			
Mother's Maiden Name		Mother's Birthplace			
Birdie E. Brown		" " "			
Name of person giving information		How related to deceased			
David Brown		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pertussis</i>	How long	<i>one week</i>
Immediate	<i>Complications</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		<i>Westminster Md</i>	
Accident or Suicide?			



Name
in
Full

Nelson Brown

no 47
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at *Westminster* Town *Carroll* County **MARYLAND**

Date of death *1906* Month *July* Day *29* Age *73* Years Months *9* Days

Sex *Male* Color or Race *Colored* Birth-place *Mass Land*

Occupation *Laborer* Where Residing if not at place of death *Westminster*

Married, Single or Widowed *Married* Name of Wife or Husband *Janie Brown*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Gustavus Crabster* How related to deceased *friend*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Aspirin Poisoning* How long *2 yrs*

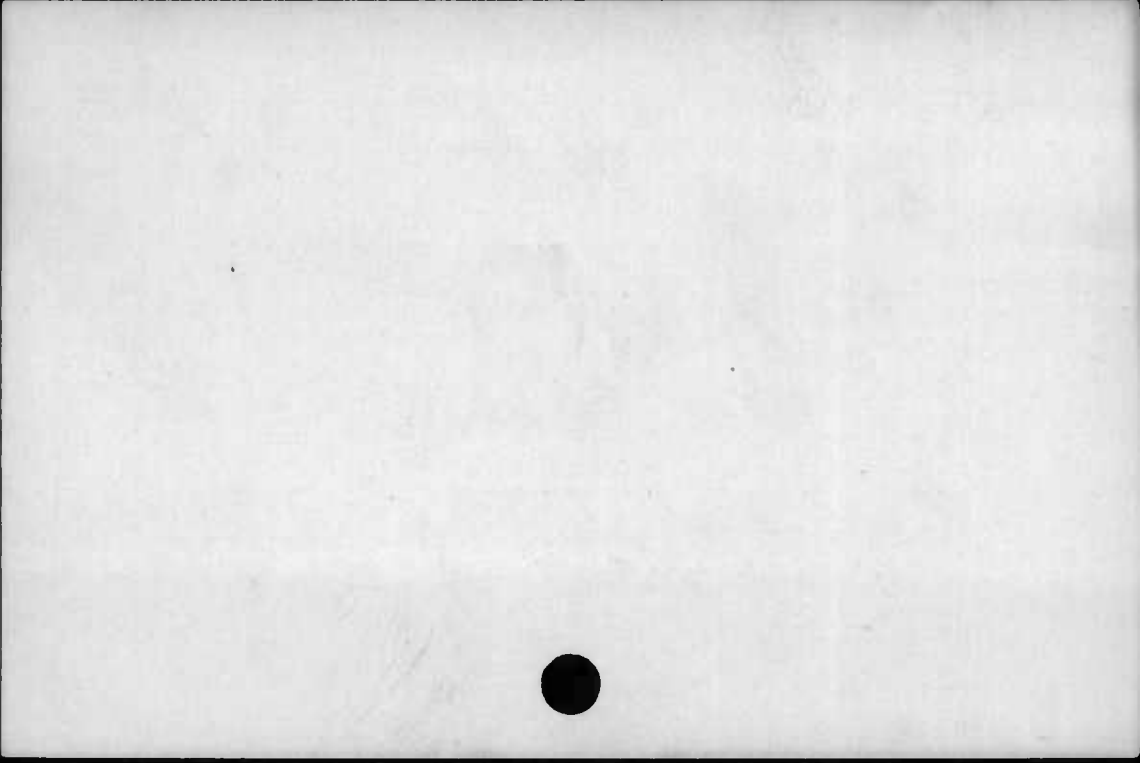
Immediate *Heart Failure* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Correct.*

Signature of Physician *Wm D. W. Ellis M.D.*

Address *Westminster Md*

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ann M. Clabaugh V
 Died near Bridgeport Carroll

MARYLAND

Date
of death 1906

Month

7

Day

1

Age

85

Months

8

Days

14

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

John Clabaugh

Father's
Name

George Spaulding

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Seivers

Mother's
Birthplace

Md

Name of person giving
information

George Clabaugh

How related
to deceased

Son

CAUSES OF DEATH

Primary

Carcinoma of bowels

How long

1 1/2 years

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

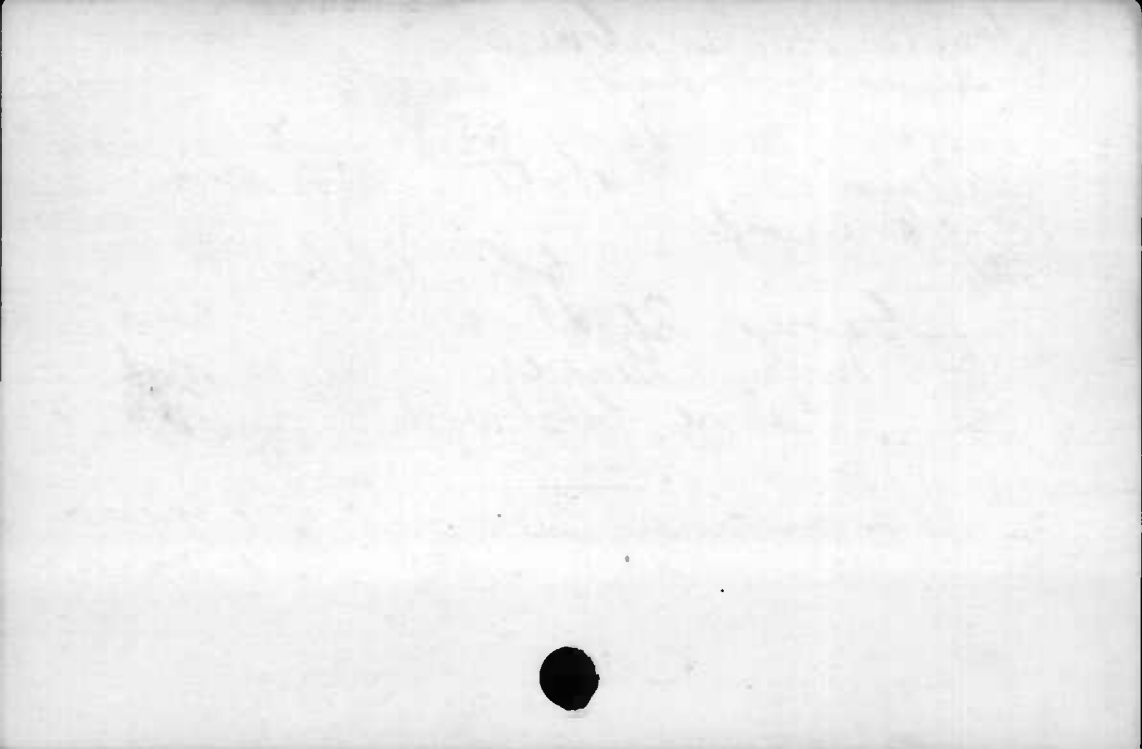
Signature of
Physician

J. H. Seivers, M.D.

Address

Taneytown, Md.

Accident or Suicide?



Name
in
Full

Harry A. Colson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Dennings*^{County} *Carroll*Date of death *1906*Month *7*Day *16*

Age

Years *—*Months *9*Days *14*Sex *Male*Color or
Race*White*Birth-
place*Dennings*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Mr. J. Colson*Father's
Birthplace*Carroll Co. Md.*Mother's
Maiden Name*Effie Greene*Mother's
Birthplace*Carroll Co. Md.*Name of person giving
information*Mr. J. Colson*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Cholera Infantum

How long

1 day

Immediate

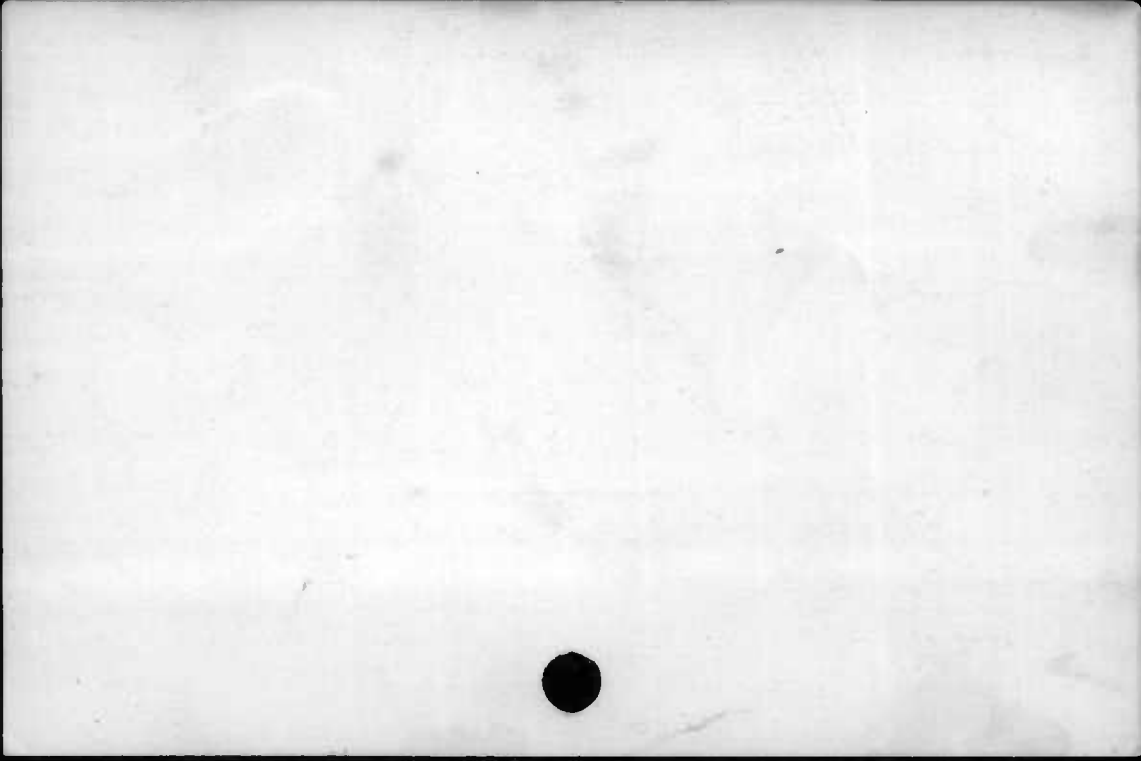
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*F. J. Parks*

Address

Marston Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
FullRustic, Alexandria County
Westminster Md CarrollNo 42
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at

MARYLAND

Date

of death 1906

Month

July

Day

16

Years

Age - one

Months

July

Days

16

Sex

Boy

Color or
Race

Colored

Birth-
place

From Chapel

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Bertie Costley

Father's
Name

Jeremiah Costley

Fether's
Birthplace

Winfield

Mother's
Maiden Name

Bertie Broome

Mother's
Birthplace

Westminster

Name of person giving
In formation

Jr. W. Wilcox

How related
to deceased

None

CAUSES OF DEATH

Primary

Convulsions

How long

one day

Immediate

Same

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. L. Batt

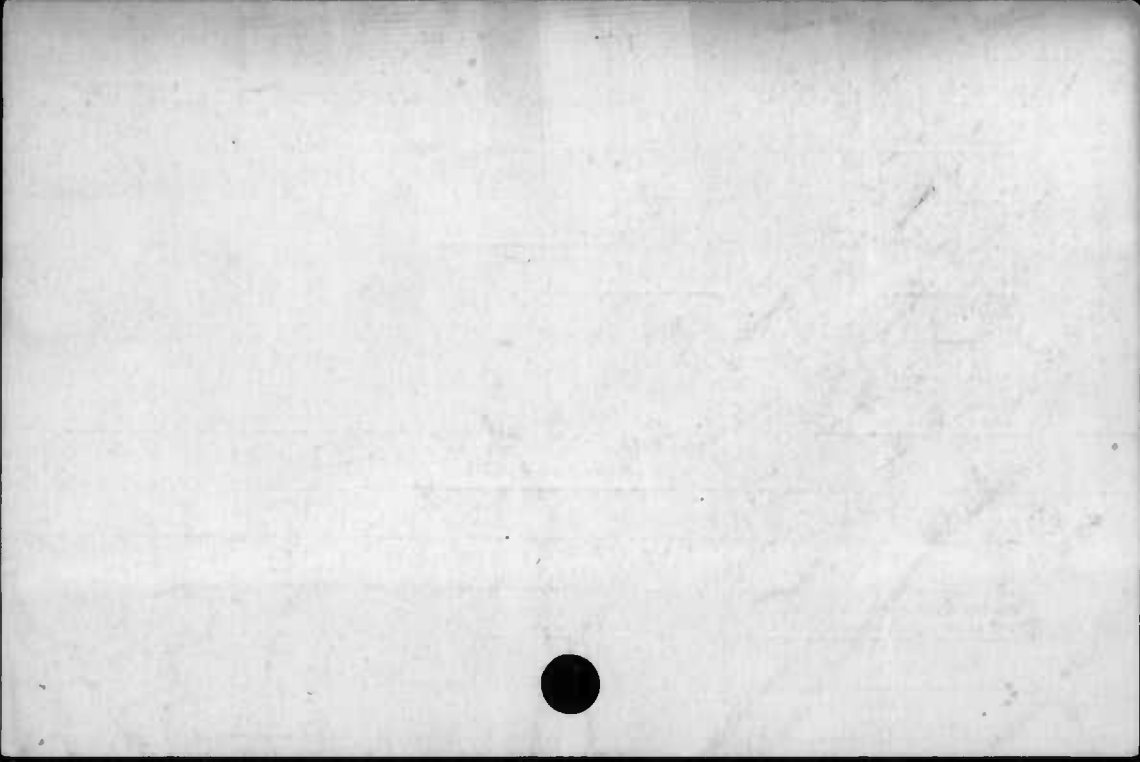
Address

Westminster Md

Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name in Full		Florence R Dell				Age 46		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Westminster			County Carroll			MARYLAND		
		Date of death 1906		Month July	Day 22	Age		Years	Months 6	Days
		Sex Female		Color or Race white		Birth-place		Maryland		
		Married, Single or Widowed				Occupation				
		Name of Wife or Husband								
		Father's Name Ernest B Dell				Father's Birthplace Md				
		Mother's Maiden Name Mary Dies				Mother's Birthplace "				
PHYSICIAN OR CORONER		Name of person giving information Ernest B Dell				How related to deceased Father				
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary debility				How long one week				
		Immediate Cholera Infantis				How long " "				
		Are the name, age, sex, color, date and place correctly given above? Yes.				Signature of Physician Jas. H. Billingslea M.D.				
						Address Westminster Md				
		Accident or Suicide? No								

Westminster Can.

Name
in
Full

Silvia A. Dell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

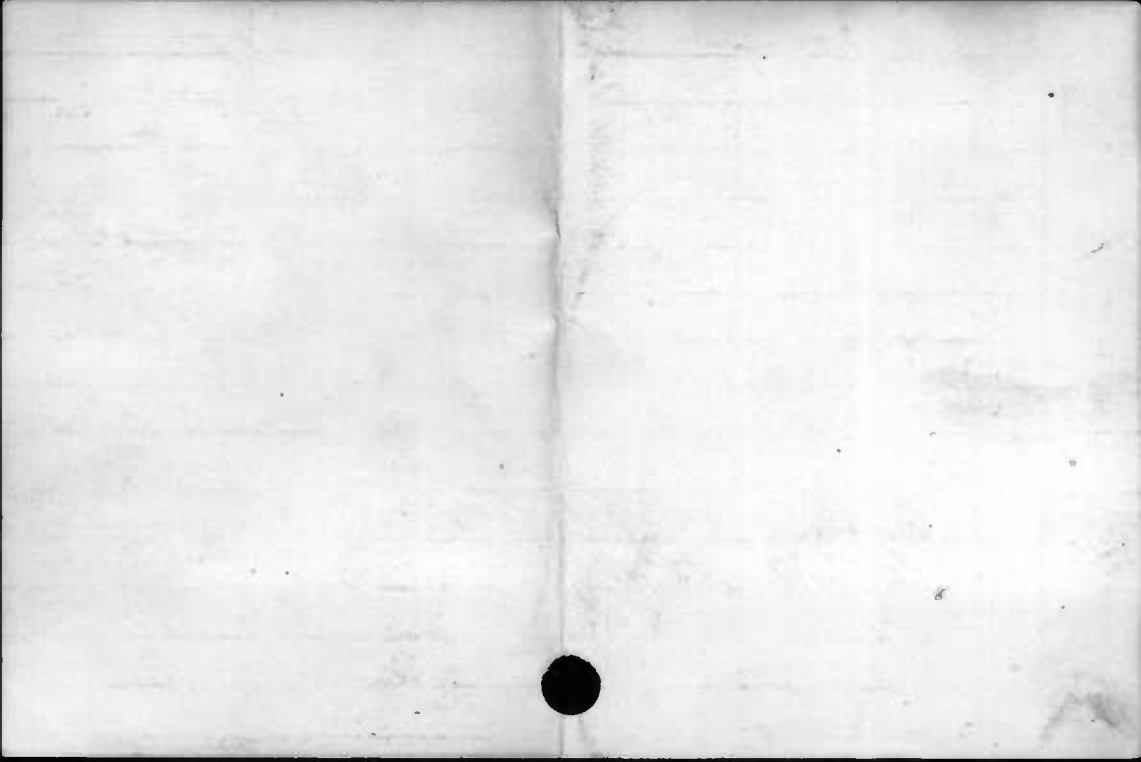
Died at <i>Oakland.</i>		County <i>Carroll.</i>		MARYLAND	
Date of death	Month <i>July</i>	Day <i>30</i>	Age <i>—</i>	Months <i>5</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Place of death.</i>		
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>David E. Dell.</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>M. E. Parker.</i>	How related to deceased <i>Father.</i>		Name of person giving information <i>David E. Dell.</i>		

CAUSES OF DEATH

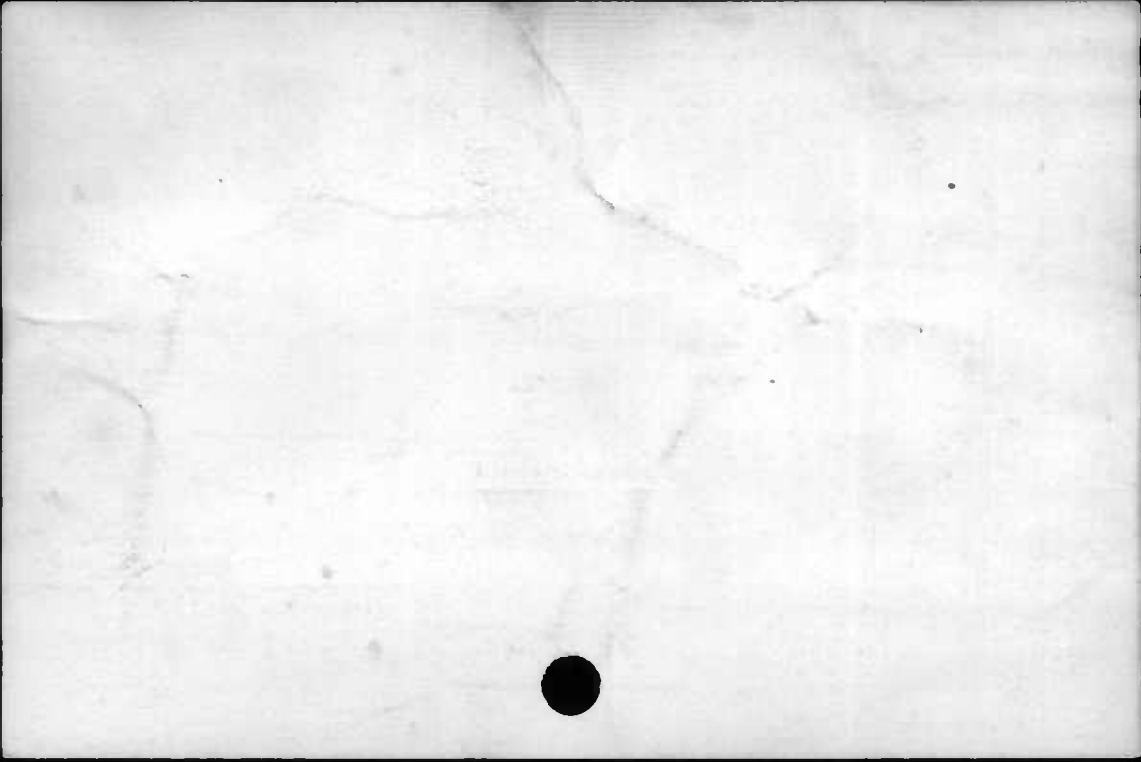
(105)

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum.</i>	How long <i>Two weeks.</i>
Immediate <i>Malassimilation & Exhaustion.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Wm. N. Ward, M.D.</i>
	Address <i>Harrisonville, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Int. City</i> Town		<i>Carroll</i> County		MARYLAND
	Date of death <i>1906</i> Month <i>July</i> Day <i>8th</i> Age <i>—</i> Years	Months <i>5</i> Days <i>—</i>			
	Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Baltimore</i>		
	Occupation <i>—</i>	Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name <i>John D. Klitz</i>	Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Bernardina Bocklage</i>	Mother's Birthplace <i>Baltimore County</i>				
Name of person giving information <i>Mrs Klitz</i>	How related to deceased <i>Mother</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary			How long	
	Immediate <i>Gastro Enteritis</i>			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Y^{es}</i>	Signature of Physician <i>Walter B. Platt</i>		Address <i>802 Cathedral St Baltimore Md</i>	
	Accident or Suicide?				



Name
in
Full

Mary Freyman

no 40

CERTIFICATE OF DEATH

Died at *Westminster* Town

County

Carroll

MARYLAND

Date

of death *1906*

Month

July

Day

9

Age

Years

45

Months

7

Days

1

Sex

*Female*Color or
Race*White*Birth-
place*Carroll Co. Md.*

Occupation

Where Residing If not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
Husband*William E. Freyman*Father's
Name*John Kiser*Father's
Birthplace*Md.*Mother's
Maiden Name*Don't know*Mother's
BirthplaceName of person giving
In formation*William E. Freyman*How related
to deceased*Husband.*

CAUSES OF DEATH

Primary

Cancer of Uterus

How long

1 year

Immediate

" "

How long

*"*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

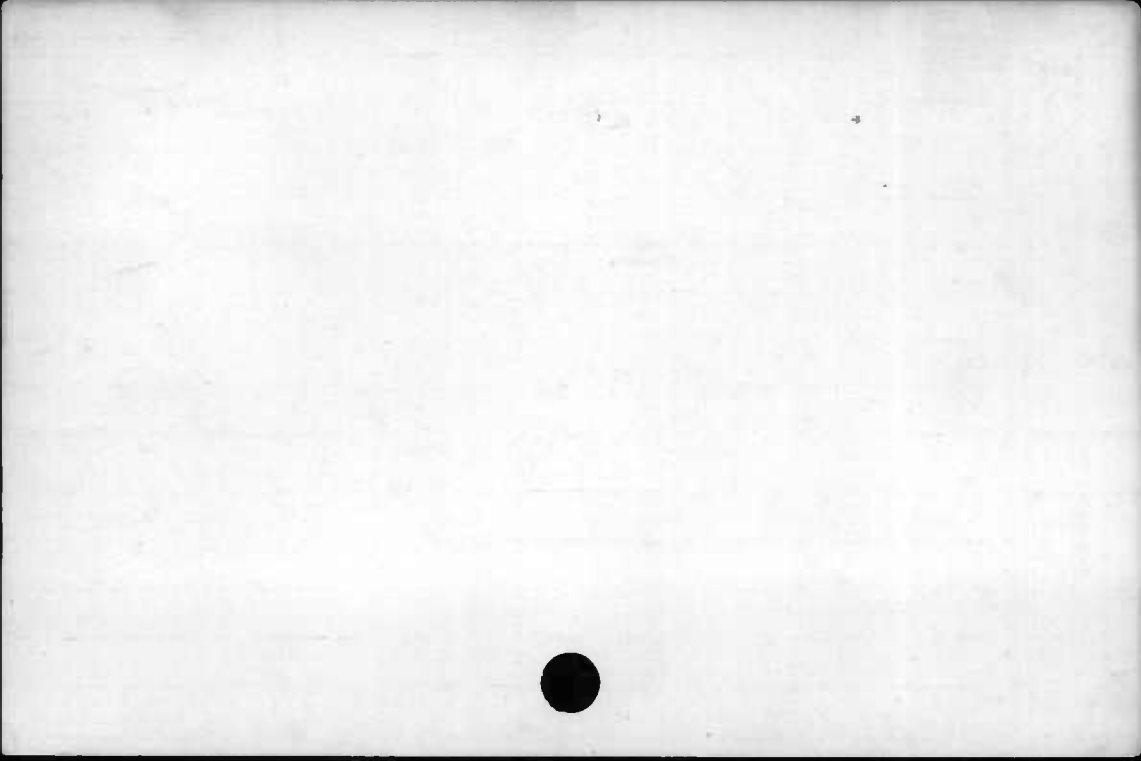
Jos. J. Heming
*Westminster**Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Stiver
Smallwood

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>New Windsor</i>		Town <i>Carroll</i>		County
	Date of death <i>1906 July</i>		Month	Day <i>3</i>	Years <i>48</i>
	Sex <i>male</i>	Color or Race <i>W</i>	Months <i>4</i>	Days <i>11</i>	
	Occupation <i>Driver</i>	Where Residing If not at place of death		Birth-place <i>md</i>	
	Married, Single or Widowed	Name of Wife or Husband <i>Maggie E</i>			
	Father's Name <i>John Geiger</i>	Father's Birthplace <i>md</i>			
	Mother's Maiden Name <i>Ann Shiner</i>	Mother's Birthplace <i>md</i>			
	Name of person giving information <i>J. Edward West</i>	How related to deceased <i>Brother-in-law</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Run away accident</i>		How long	<i>5 weeks</i>
	Immediate	<i>meningitis</i>		How long	<i>2 weeks</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Burren</i>		
			Address <i>New Windsor md</i>		
	Accident or Suicide?				



Name
in
Full

Franc Griffin

CERTIFICATE OF DEATH

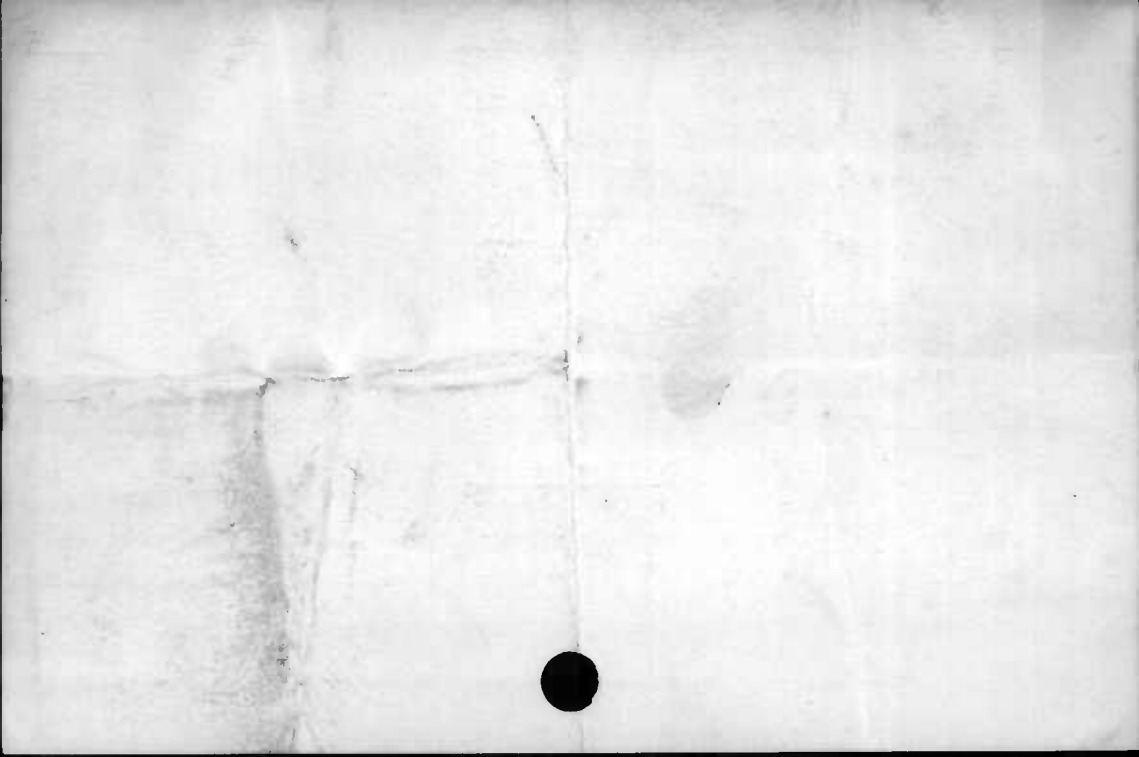
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dyersville</i> <small>Town</small>			<i>Carroll</i> <small>County</small>			MARYLAND	
Date of death <i>1906</i>		<i>7th</i> <small>Month</small>	<i>10th</i> <small>Day</small>	Age <i>48</i> <small>Years</small>	<i></i> <small>Months</small>		<i></i> <small>Days</small>
Sex <i>Female</i>		Color or Race <i>White</i>			Birth-place <i>Michigan</i>		
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John H. Griffin</i>					
Father's Name <i>William Roop</i>				Father's Birthplace <i>Ohio</i>			
Mother's Maiden Name <i>Charlotte Hawley</i>				Mother's Birthplace <i>New York</i>			
Name of person giving information <i>John H. Griffin</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Toxic Insanity-</i>	How long <i>2 months-</i>
Immediate <i>Diabetes Mellitus</i>	How long <i>over one month.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M. D.</i>
	Address <i>Springfield Hall-Hospital Dyersville, Carroll Co. Md.</i>
Accident or Suicide? <i>-</i>	



Name In Full

Certificate of Death

Samuel Andrew Haines

Town

County

Died at *Hemmings Carroll*

MARYLAND

Date *1906* *July 29* Month *7* Day *29* Y. *81* M. *3* D. *3*
 Native of *Maryland* Occupation *Farmer*
 Male *White* Married *Widow* Divorced *Number of children living*
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband
of
Wife

Father's Name *John Jacob Haines* Mother's Name *Annander Haines*
 Cause of *Hepatic Dropsy* How long sick *114*
 Death *debility* Accident, Suicide, Homicide

Reported by *David Haines**Est H. Brown*

Address

New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78888

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

MARYLAND

Died at <i>Oakland.</i>		County <i>Carroll.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July.</i>	Day <i>14.</i>	Age <i>10</i>	Months <i>1</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White.</i>		Birth-place <i>Maryland.</i>		
Occupation <i>At home.</i>		Where Residing if not at place of death <i>Place of death.</i>			
Married, Single or Widowed <i>Single.</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>J. H. Harry.</i>	Father's Birthplace <i>Mo.</i>				
Mother's Maiden Name <i>Susan A. Rams.</i>	Mother's Birthplace <i>Mo.</i>				
Name of person giving information <i>A. H. Harry</i>	How related to deceased <i>Father</i>				

Primary

Stems:

How long

^gTwo days.

Immediate

Convulsions & Exhaustion Prognosis.

How long

Problems.

Are the name, age, sex, color, date
and place correctly given above?

Med.

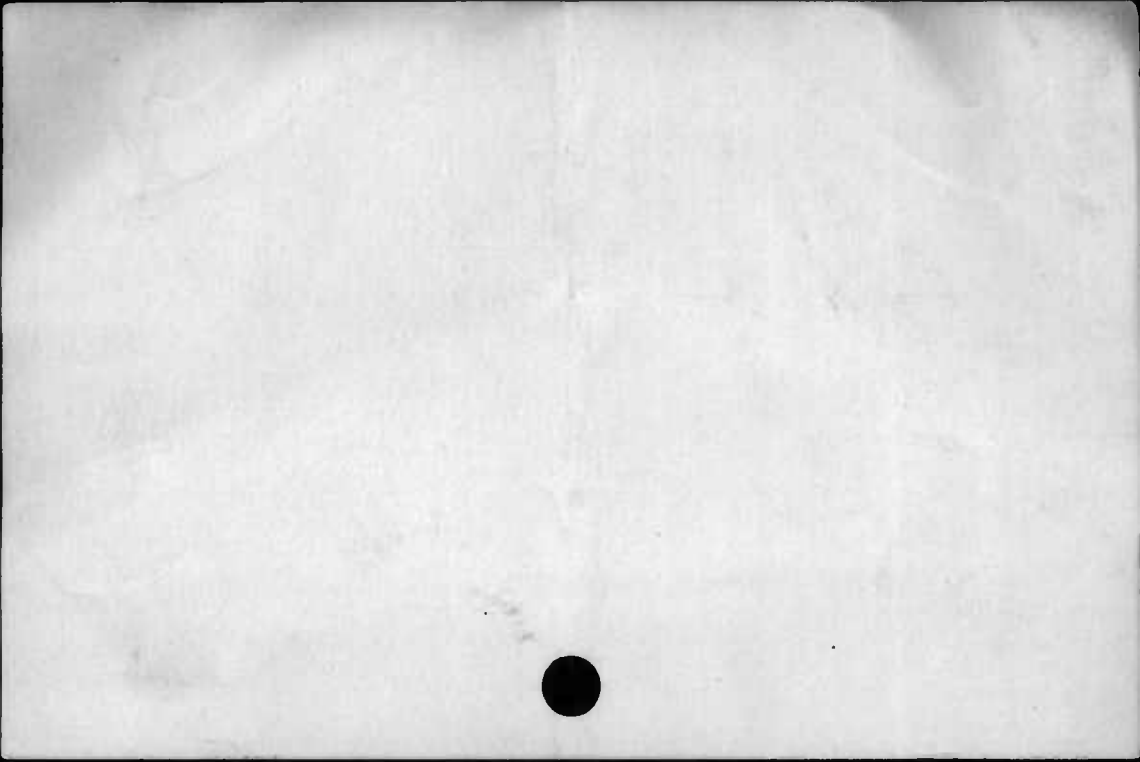
Signature of
Physician _____

of the N. Ward. M.S.

Address

1885
Harrisonville,
Mo.

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

Uscar J. Harvey

Town

County

MARYLAND

Died at Springfield Hospital

Carroll

Date of death

Month

Day

Years

Months

Days

1906

July

10

Age

46

Sex

male

Color or
Race

White

Birth-
place

Md

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Hospital records

How related
to deceased

CAUSES OF DEATH

Primary

Epileptic Ins. ability

How long

5

Immediate

Org. Heart disease

How long

1 yr.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

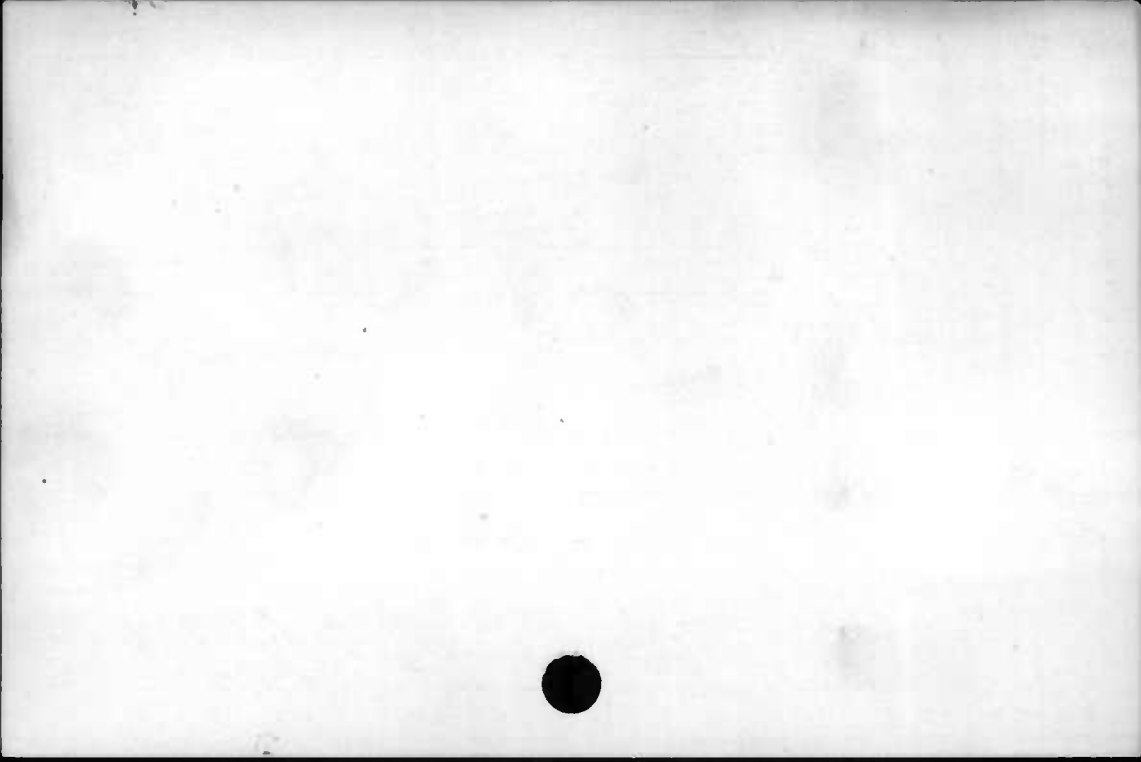
Chas. J. Carey

Address

Sykesville Md.

Accident or Sulcide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Springfield Hospital*County *Carroll*Date of death *190* *July*Day *21*Age *62*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*md*

Occupation

*Carpenter*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
HusbandFather's
Name*Thomas*Father's
Birthplace*md*Mother's
Maiden Name*Mary*Mother's
Birthplace*md*Name of person giving
In formation*Hospital record*How related
to deceased

CAUSES OF DEATH

Primary

Dementia

How long

5

Immediate

Acute catarrhal dysentery

How long

*7 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Chas. J. Carey*

Address

Lytleville md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

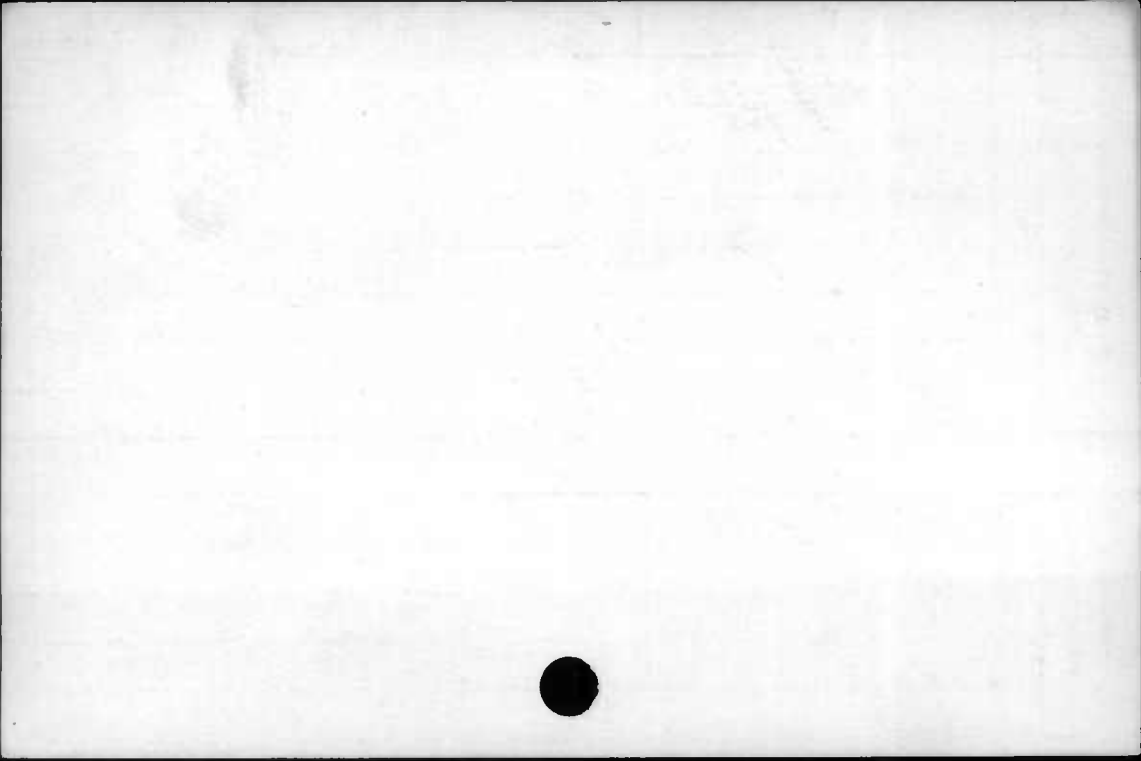
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Miss Deborah F. Hughes</i>		Town <i>Taneytown</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Taneytown</i>		Date of death <i>1906</i>		Month <i>July</i>		Day <i>4</i>	
Age <i>71</i>		Years <i>71</i>		Months <i>10</i>		Days <i>28</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Carroll Co. Md.</i>			
Occupation <i>Retired</i>				Where Residing if not at place of death			
Married Single <i>Single</i>		Name of Wife or Husband <i>Never married</i>					
Father's Name <i>William Hughes.</i>				Father's Birthplace <i>Fred. Co. Md.</i>			
Mother's Maiden Name <i>Hannah Farguhar</i>				Mother's Birthplace <i>Carroll Co. Md.</i>			
Name of person giving information <i>Mrs. S. H. Kittle</i>				How related to deceased <i>Niece.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gall-Stones. Suppurative Cholangitis</i>		How long <i>2 years.</i>	
Immediate <i>Exhaustion</i>		How long <i>2 weeks.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. H. Weiss, M.D.</i>	
		Address <i>Taneytown Md.</i>	
Accident or Suicide?			



Name
in
Full

Ellen B. Malhorn

No 37

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town Carroll County
 Date of death 1906 Month July Day 11 Age 20 Years Months 6 Days —
 Sex Female Color or Race White Birth-place Maryland
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed Married Name of ~~Wife or~~ Husband Andrew Jackson Malhorn
 Father's Name Joseph Koonts Father's Birthplace Maryland
 Mother's Maiden Name Rebecca Shugh Mother's Birthplace Maryland
 Name of person giving information Myrtle Malhorn How related to deceased Sister

CAUSES OF DEATH

Primary Heart diseaseHow long 3 monthsImmediate SameHow long 3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M L Butts
Westminster Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

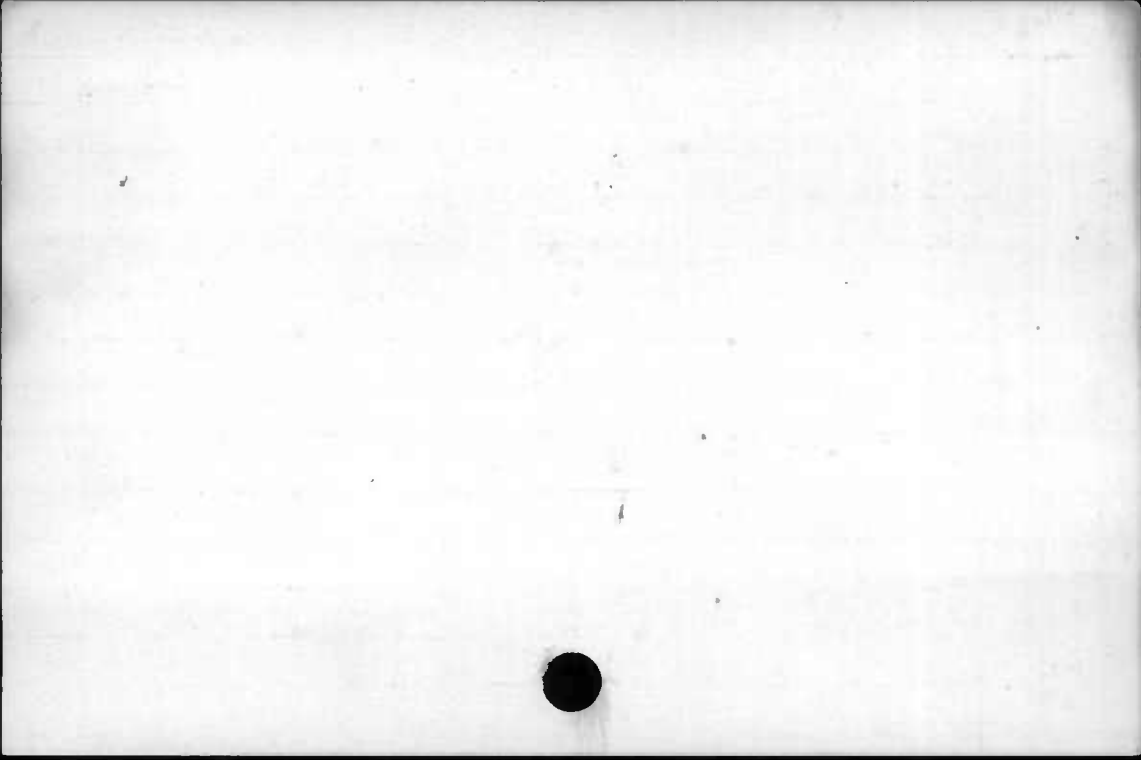
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>George H. Merryman</i>		Town <i>near Hampstead</i>		County <i>Baltimore</i>		MARYLAND	
Died <i>near Hampstead</i>		Month <i>7</i>		Day <i>16</i>		Age <i>45</i>	
Date of death <i>1906</i>		Month <i>7</i>		Day <i>16</i>		Months <i>7</i> Days <i>16</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>			
Occupation <i>Farmer.</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Mrs. Dietz.</i>					
Father's Name <i>George Merryman</i>				Father's Birthplace <i>Balto Co.</i>			
Mother's Maiden Name <i>Elizabeth Stricklin</i>				Mother's Birthplace <i>Carroll Co.</i>			
Name of person giving information <i>A. J. Houck</i>				How related to deceased <i>-</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Barrenness of Face</i>	How long	<i>1 1/2 years</i>
Immediate	<i>Heart failure</i>	How long	<i>1 1/2 years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. F. Richards M.D.</i>	
		Address <i>Hampstead Md.</i>	
Accident or Suicide?			



TO BE ANSWERED BY
NEAREST FRIEND

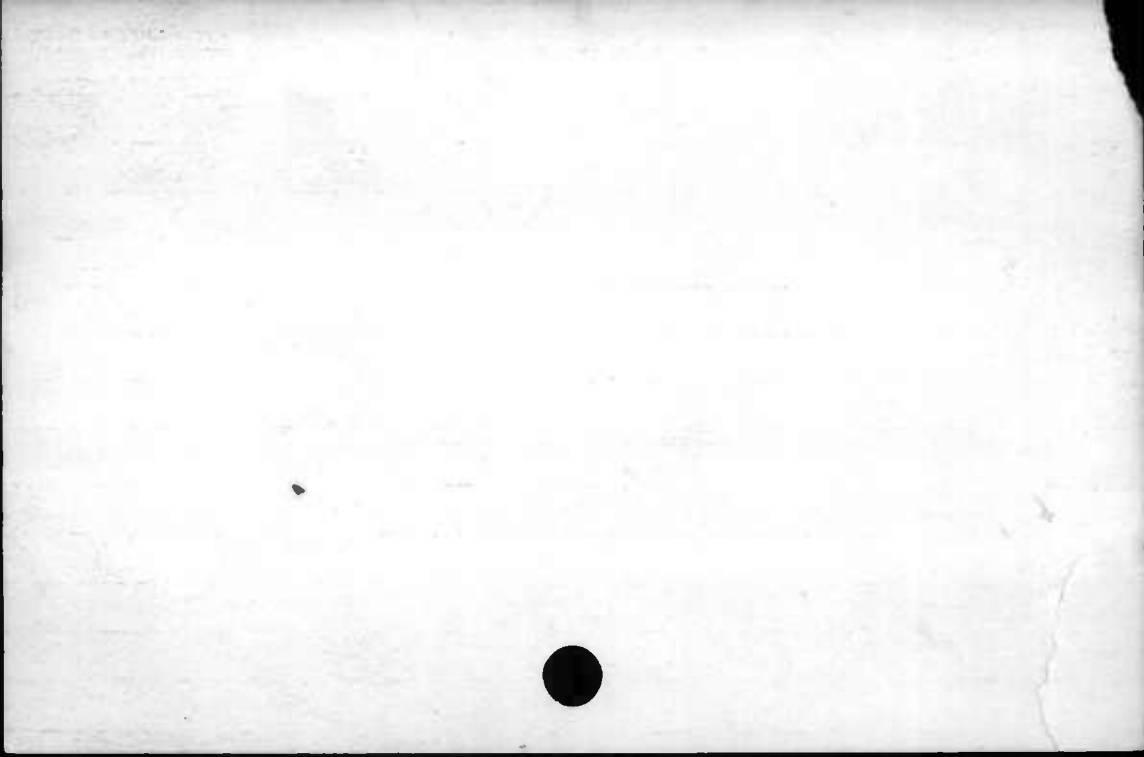
CERTIFICATE OF DEATH

MARYLAND

Died at <i>Millers</i> ^{Town}		<i>Barroll</i> ^{County}			
Date of death	<i>1906</i> ^{Year}	<i>July</i> ^{Month}	<i>8</i> ^{Day}	Age <i>27</i> ^{Years}	<i>—</i> ^{Months}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Millers</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>I B Miller</i>			
Father's Name <i>John Miller</i>		Father's Birthplace <i>Millers</i>			
Mother's Maiden Name <i>Mallory Harsise</i>		Mother's Birthplace <i>Barroll</i>			
Name of person giving information <i>I B Miller</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

Primary	<i>Relious Circulatory</i>	How long	<i>8 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J H Preston M D</i>	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

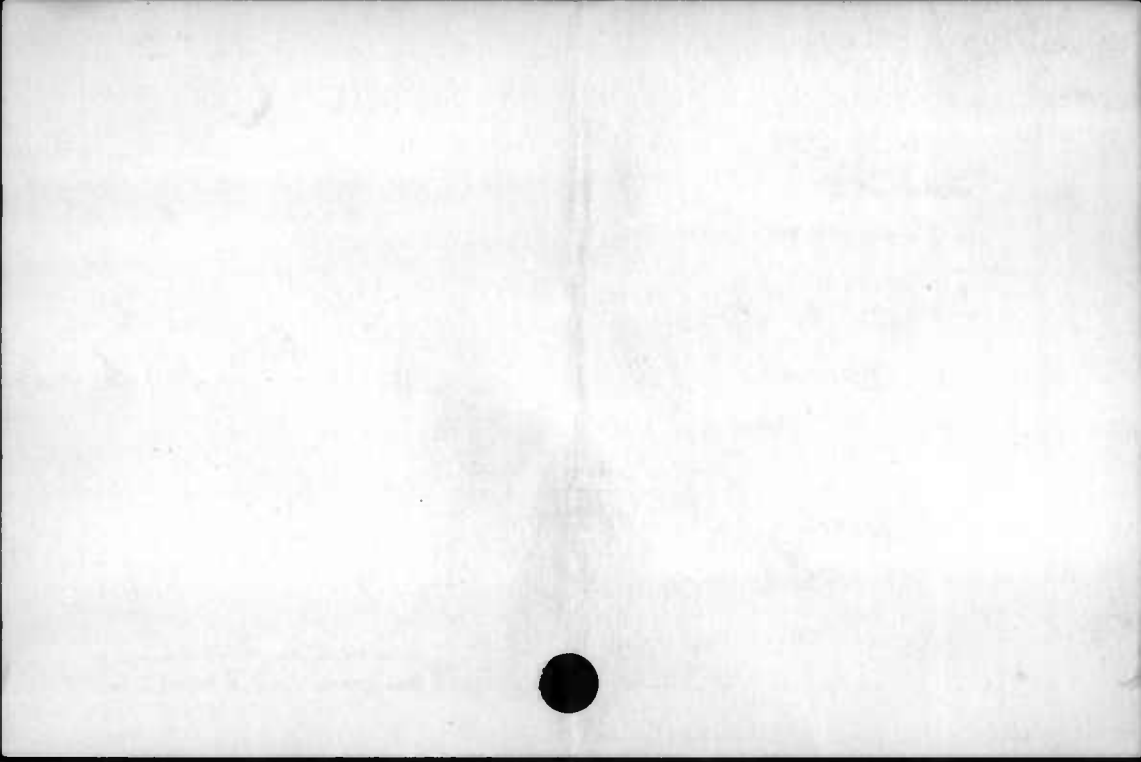
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Rachel Mummough</i>		Town <i>Patapsco</i>		County <i>Carroll</i>		MARYLAND	
Died at		Month <i>7</i>		Day <i>25</i>		Age <i>53</i> - Years <i>55</i> Months <i>6</i> Days <i>3</i>	
Date of death 190 <i>6</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Patapsco</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Housekeeper</i>					
Name of Wife or Husband							
Father's Name <i>George Mummough</i>		Father's Birthplace					
Mother's Maiden Name <i>Mary Corator</i>		Mother's Birthplace					
Name of person giving information <i>Jack Stull</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>66</i>
Immediate	<i>Paralysis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	
		Address <i>Geo. H. Wilson M. D. Frostburg, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Mary Ann Myers

Town

Union Mill

County

Carroll

MARYLAND

Died at

Date

of death 1906

Month

July

Day

1

Age

Years

83

Months

1

Days

23

Sex

~~Female~~
FemaleColor or
Race

white

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of death~~Married, Single~~
or Widowed

widow

~~Name of Wife or~~
Husband

Henry P. Myers

Father's
Name

Peter E. Myers -

Father's
Birthplace

Md -

Mother's
Maiden Name

Edith Ruth Erb

Mother's
Birthplace

Md -

Name of person giving
Information

-

How related
to deceased

-

CAUSES OF DEATH

Primary

Paralyzed

How long

Immediate

old age

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianEd. J. Graft
industrial
Union Mill
Md

Address



Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Fullno 45
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		Town <i>Carroll</i>		County		MARYLAND							
Date of death <i>1906 July 20</i>		Month <i>July</i>		Day <i>20</i>		Age <i>70</i>		Years <i>70</i>		Months <i>3</i>		Days <i>23</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>									
Occupation				Where Residing if not at place of death									
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>William G Rinehart</i>											
Father's Name <i>Michael Byers</i>		Father's Birthplace <i>Maryland</i>											
Mother's Maiden Name <i>Janette deutron</i>		Mother's Birthplace <i>do</i>											
Name of person giving information <i>Carrie Wang</i>		How related to deceased <i>daughter</i>											
CAUSES OF DEATH													

PHYSICIAN
OR CORONER

Primary <i>Heart and Kidney Disease</i>		How long <i>one year</i>	
Immediate <i>Paralysis</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>		Signature of Physician <i>Chas. R. Foutz</i>	
		Address <i>Westminster Md</i>	
Accident or Suicide?			

Krider Corn

Name
in
Full

Michael Sauble

2039

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>13</i>	Years <i>83</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hysteria</i>	How long <i>3 Days</i>
Immediate <i>Collapse</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas S. Mathias</i>
	Address <i>Westminster - Md -</i>
Accident or Suicide?	

St Brigid's Cemetery

Name
in
Full

Littleton Schanberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mt. Airy* *Carroll* CountyDate of death *1906* *July* *18th* *Age* *7* Months *—* Days *—*Sex *Male* Color or Race *White* Birth-place *Baltimore*Occupation *—* Where Residing If not at place of death *Baltimore*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *J. G. Schanberger* Father's Birthplace *Baltimore*Mother's Maiden Name *Marie V. Gahan* Mother's Birthplace *Baltimore*Name of person giving information *J. G. Schanberger* How related to deceased *Father*

CAUSES OF DEATH

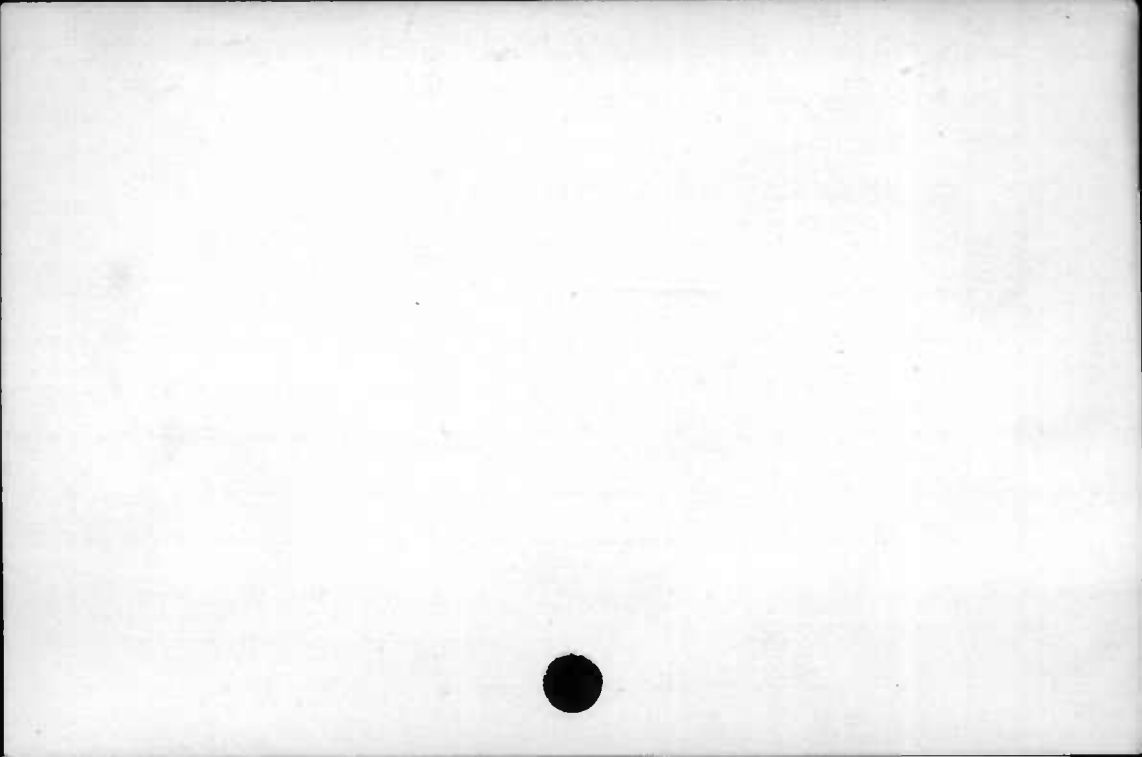
Primary *Tubercular Meningitis* How long *—*Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mildred Viola Shaper

no 44
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Louisville		County Carroll		MARYLAND									
Date of death 190		6	Month July	1	Day 18	Age	Years	Months 4	Days 8						
Sex		Female		Color or Race		White		Birth- place		Md					
Married, Single or Widowed						Occupation									
Name of Wife or Husband															
Father's Name						Geo. W. Shaper						Father's Birthplace		Md	
Mother's Maiden Name						Ida V. Garbin						Mother's Birthplace		Md	
Name of person giving In formation						G. W. Shaper						How related to deceased		father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Intestinal Catarrh		How long		105		one week	
Immediate		Heart failure		How long				a few hours	
Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician			
						Address			
						Do S. W. Gonsky			
						Garbner			
						Md			
Accident or Suicide?									

Ger Luth Cene Smallwood

Name in Full

Certificate of Death

Town

County

Died at

Manchester

Carroll

MARYLAND

Date ¹⁹⁰⁶ 189 ^{Month} July ^{Day} 23

Y. M. D.

Native of

Occupation

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Jm C Shearer

Mother's
Name

Mollie L Wilson

Cause of

Primary

Prolonged labor + Instrumental Delivery

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

J H Sherman M D,
Manchester, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908



Name
in
Full

Hecker M Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Laneytown* ^{County} *Carroll* **MARYLAND**

Date of death *1906* ^{Month} *7* ^{Day} *11* ^{Years} *1* ^{Months} *7* ^{Days} *16*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single
~~or Widowed~~Name of Wife or
HusbandFather's
Name*Charles Smith*Father's
Birthplace*Ind*Mother's
Maiden Name*Grace Elliot*Mother's
Birthplace*Ind*Name of person giving
Information*Charles Elliot*How related
to deceased*Grandfather*

CAUSES OF DEATH

Primary

Cholera Infantum

How long

1 week

Immediate

General Infection & Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Charles O. Roop*
Laneytown

Address

Accident or Suicide?

*Ind*PHYSICIAN
OR CORONER



Name

in
Full

Annie Marie Toop

No 36

CERTIFICATE OF DEATH

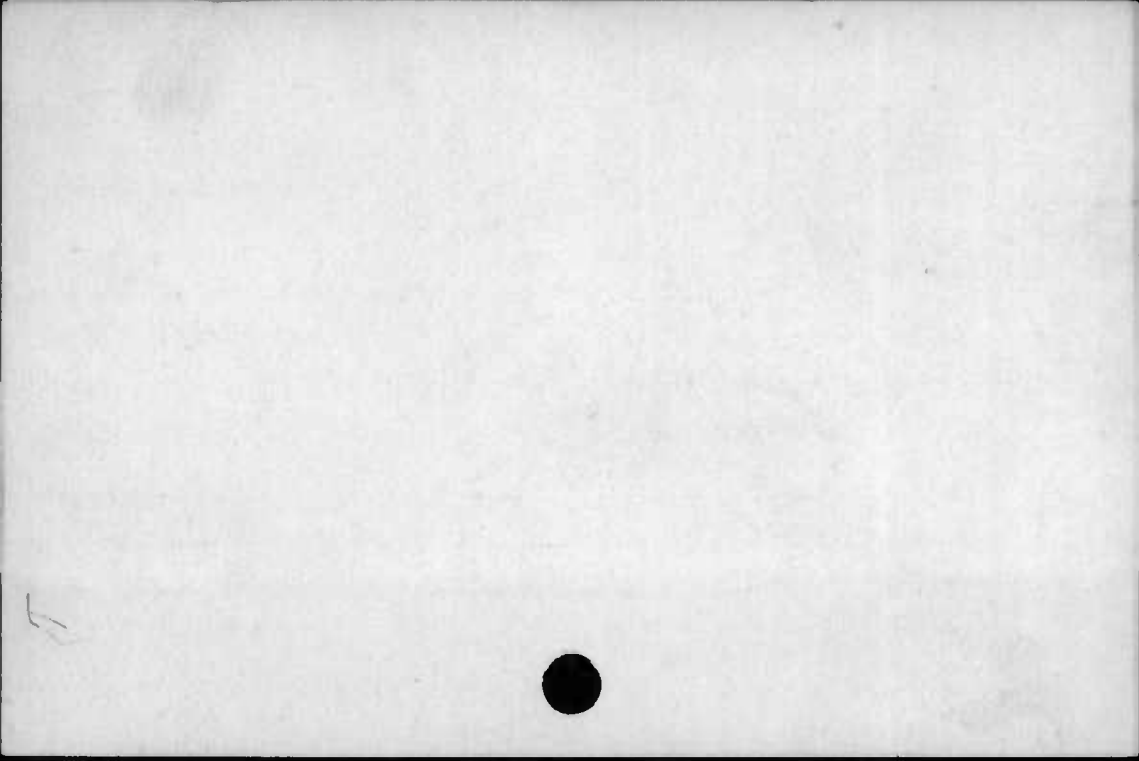
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Westminster		County Carroll		MARYLAND	
Date of death	1906	Month	July	Day	3
Age	1	Years		Months	9
Sex	Female	Color or Race	Colored	Birth-place	Carroll Co Md
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Samuel Toop			Father's Birthplace	Carroll Co Md
Mother's Maiden Name	Gracie May Powell			Mother's Birthplace	" " "
Name of person giving information	Samuel Toop			How related to deceased	Father

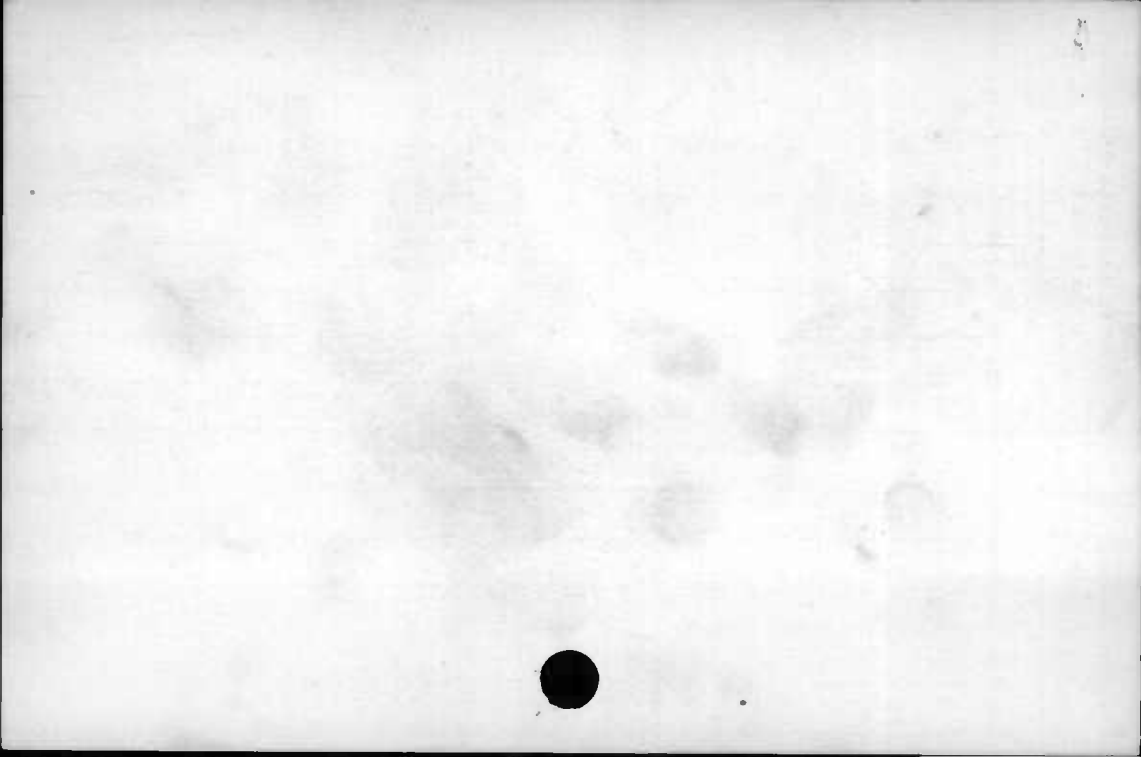
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough & Pneumonia		How long	
Immediate	"		How long	one week
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	M. D. Bott
			Address	Westminster Carroll County Md
Accident or Suicide?				



Name in Full		John Trimble				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND
	Date of death	1906	Month <i>July</i>	Day <i>9</i>	Age <i>50</i>	Years	Months
	Sex <i>M</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
	Occupation <i>Unknown</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>				
	Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>		
	Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>"</i>		
Name of person giving information <i>Hospital record</i>				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Dementia</i>		(20)		How long <i>32 yrs</i>		
	Immediate <i>Chronic Nephritis</i>				How long <i>5</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas J. Carey</i>		<i>Lyonsville Md.</i>		
			Address				
	Accident or Suicide?						



Name
in
Full

Ada Rebecca Virginia Harner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Winningo</u> Town		<u>Carroll</u> County			
Date of death	<u>1906</u>	Month <u>7</u>	Day <u>26</u>	Age <u>—</u> Years	Months <u>4</u> Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Sterling, Ill.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>Winningo</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Lindsay Harner</u>		Father's Birthplace <u>Carroll Co. Md.</u>			
Mother's Maiden Name <u>Arden Kiefer</u>		Mother's Birthplace <u>Frederick Co. Md.</u>			
Name of person giving information <u>Arden Kiefer</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infanctum</u>	How long	<u>3 weeks</u>
Immediate	<u>"</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. D. Crook M. D.</u>	
		Address <u>Winfield, Md.</u>	
Accident or Suicide? <u>—</u>			

Carle

Name
in
Full

CERTIFICATE OF DEATH

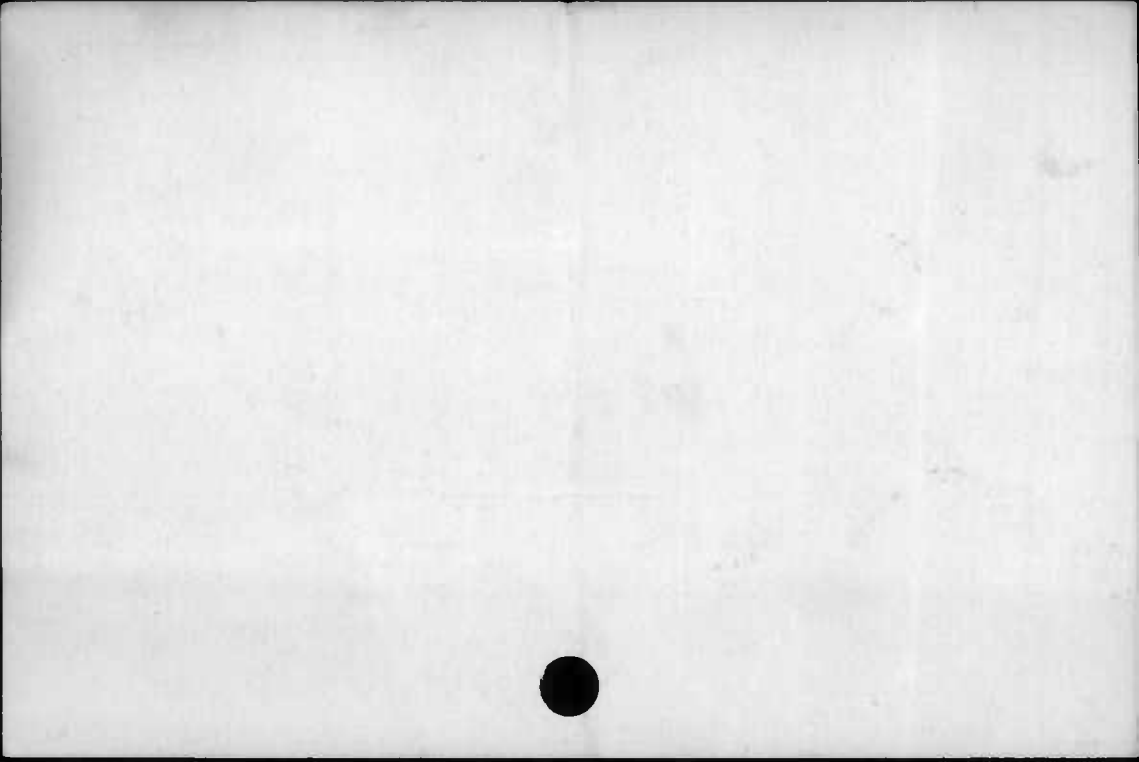
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mayberry</i>		Town <i>Carroll</i>		County		MARYLAND					
Date of death <i>1906</i>		Month <i>July</i>		Day <i>28</i>		Age <i>79</i>		Months <i>9</i>		Days <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Westminster Md</i>							
Occupation <i>House Wife</i>				Where Residing If not at place of death <i>X</i>							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Ellen Williams</i>									
Father's Name <i>Joseph Arthur</i>		Father's Birthplace <i>unknown</i>									
Mother's Maiden Name <i>Elizabeth Arthur</i>		Mother's Birthplace <i>Near - Linnetown, Md</i>									
Name of person giving information <i>A. L. Williams</i>		How related to deceased <i>son</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Myxenteria</i>	How long	<i>1 week</i>
Immediate	<i>Shock</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Charles B. Boop</i>	
		Address <i>Taneytown Md -</i>	
Accident or Suicide?			



Name
in
Full

Elizabeth Leister Wilt.

CERTIFICATE OF DEATH

Died at ^{Town} Dancytown^{County} Carroll

MARYLAND

Date
of death 1906

Month

17

Day

25

Age

Years

41

Months

8

Days

12

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Henry C Wilt.

Father's
Name

John Leister

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Slater

Mother's
BirthplaceName of person giving
Information

G. Walter Wilt

How related
to deceased

Son

CAUSES OF DEATH

Primary

Mucal Regurgitation Hyperaemia Kidneys
Chronic Spasmodic intestinal Colic.

How long

3 month

Immediate

Haemic Coma.

How long

15 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

D. H. Weiss, M.D.

Address

Dancytown,
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

